



# **BAR CODE MEDICATION ADMINISTRATION (BCMA)**

## **GUI USER MANUAL**

Version 2.0  
May 2002



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# Read Me First!

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## Before Using This Software



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### IMPORTANT:

Take a few minutes to review this chapter *before* using this new version of BCMA.

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Don't like to read manuals? Join the club. We designed this chapter for users, like you, in mind. It will quickly acquaint you with this new version of Bar Code Medication Administration, also called Bar Code Med Admin (or BCMA) and its many new features — including system conventions, and help systems. Use it now to familiarize yourself with this new version of BCMA, and refer to it later as needed.

Then you will be ready to take a quick tour of this product and learn how to successfully administer **active** medication orders (i.e., Unit Dose, IV Push, IV Piggyback, and large-volume IVs) electronically to patients at your medical center.

### Our Target Audience

We have developed this guide for clinicians who are responsible for administering active medication orders to “inpatients” at Veterans Affairs (VA) medical centers.

## Thanks to Our Many Partners!

The BCMA Development Team would like to extend their sincere appreciation, and special thanks, to the multitude of individuals comprising the various teams so crucial to the development of Version 2.0 — all were key to this version's success. Without the coordinated efforts of these groups, BCMA would *not* be the dynamic product that it has become.

We are also extremely grateful to the many individuals and test sites listed below that have spent numerous hours testing and retesting the new capabilities within this version of BCMA. Thanks to their help and dedication, VA medical centers will benefit from the multi-faceted functionality that this new version has to offer.

### Alpha Testers

VA Medical Center, Washington, D.C.

### Beta Testers

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Richard L. Roudebush, VAMC, Indianapolis, Indiana

VA Medical Center, Manchester, New Hampshire

# Read Me First!

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## Discover Benefits of BCMA V. 2.0



### TIP:

BCMA is now equipped to document the administrations of Unit Dose, IV Push, IV Piggyback, and large-volume IV medication orders for your patients.



### TIP:

See the next page to learn the different Medication Tabs available on the VDL.

Take a few minutes to discover the many exciting new features included in this new version of BCMA — *before* actually using the software. These enhancements are a direct result of feedback from our many users.

## IV and IVP/IVPB Functionality

Besides Unit Dose medication orders, you can now administer Intravenous (IV) medications directly from BCMA using the Medication Tabs available on the Virtual Due List (VDL). IV types include Admixture, Chemotherapy, Hyperal, Piggyback, and Syringe.

## IV and IVP/IVPB Tracking System

Unlike Unit Dose medications, which use a Drug Internal Entry Number (IEN) Code, IV medications in BCMA V. 2.0 use a Unique Identifier Number. This number is generated when the Pharmacy prints a bar code label for an IV bag. It is designed to communicate which IVs have been manufactured by the Pharmacy.

This number appears in the IV Bag Chronology display area under the IV Medication Tab on the VDL. For IV Push/IV Piggyback (IVP/IVPB) medications, you can locate this number using the Available Bags command from the Right Click drop-down menu.

**Note:** You are *not* required to scan the Unique Identifier Numbers sequentially when administering IV medication orders.

## Medication Tabs

BCMA now provides three Medication Tabs for separating, and viewing, the different types of active medication orders that need to be administered to a patient. They include Unit Dose, IVP/IVPB, and large-volume IV orders. Medications that need to be administered will correspond to one of these Tabs. This will depend on how it was entered.

Each Medication Tab provides an “alert light,” which turns **GREEN** *only* when the patient has active medication orders associated to them. When you click a “lit” Tab, BCMA displays the patient’s active medication orders on the VDL.

**Note:** BCMA now displays an Information message for IV Piggyback medications if you close a patient record without viewing the contents of the “lit” IVP/IVPB Medication Tab. It does *not* display for IV medications since they do *not* have administration times — and you automatically have to view Unit Dose orders when the VDL opens. It is provided to ensure that all medications that are due, are given to the patient in the correct dosage and on time.

# Read Me First!

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## Discover Benefits of BCMA V. 2.0 (cont.)



### TIP:

On the Unit Dose Medication Tab, if a medication has a Med Route of IV, IM, ID, SQ, or SC, you must enter an injection site when administering this order type.

## Medication Tabs (cont.)

Review this section to learn the types of medication orders that display under each Medication Tab on the VDL.

**Unit Dose Medication Tab:** Displays all active Unit Dose orders for the Start and Stop Date/Time and Schedule Types selected on the VDL, except for orders entered with a Medication Route of IVP or IV PUSH. (These order types display under the IVP/IVPB Medication Tab.)

**IVP/IVPB Medication Tab:** Displays all active Unit Dose orders with a Medication Route of IVP or IV PUSH. The following IV order types display on the VDL when you click this Tab.

“Piggyback”

“Syringe,” with the INTERMITTENT SYRINGE field set to “Yes”

“Chemotherapy,” with the CHEMOTHERAPY TYPE field set to “Piggyback” or “Syringe” and the INTERMITTENT SYRINGE field set to “Yes”

**IV Medication Tab:** Displays all active IV orders, as defined by the order Start and Stop Date/Time. The following IV order types display on the VDL when you click this Tab:

“Hyperal”

“Admixture”

“Syringe,” with the INTERMITTENT SYRINGE field set to “No”

“Chemotherapy,” with the CHEMOTHERAPY TYPE field set to “Admixture” or “Syringe” and the INTERMITTENT SYRINGE set to “No”

## Marking Patches

Now when you “remove” a patch (i.e., Nitroglycerin, Fentanyl, Clonidine, or Nicotine) from a patient, you can document this process using the Right Click drop-down menu. Once marked, the letters “RM” (for “Removed”) then display in the Status column of the VDL.

**Note:** A patch marked as “Given,” displays on the VDL each time BCMA is opened — until it is marked as “Removed” — even if the order is discontinued or expires, or the patient is discharged or re-admitted to your medical center. This requirement applies to all orderable items with “PATCH” in the DOSE FORM field of Inpatient Medications V. 5.0.

# Read Me First!

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## Discover Benefits of BCMA V. 2.0 (cont.)



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**TIP:**

You can only access the CPRS Med Order Button functionality using a special security key.

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### CPRS Med Order Button

Commonly called the “Hot Button,” the CPRS Med Order Button on the BCMA Tool Bar, links you directly to the Computerized Patient Record System (CPRS) software application for electronically ordering, documenting, reviewing, and signing verbal- and phone-type STAT and NOW (One-Time) medication orders that you have administered to patients. This feature is particularly useful in Intensive Care Unit (ICU) type environments, as it helps to streamline the workflow in such a busy setting.

When you click the CPRS Med Order Button on the VDL, medications are then ordered and signed through the CPRS Inpatient Medication Order dialog box and passed to the Inpatient Medications V. 5.0 software application as “nurse-verified” expired orders with a priority of “Done.” These order types require Pharmacist verification. The Provider selected during the Ordering process will receive an “alert,” requesting their electronic signature on the order.

BCMA documents these order types as administered to the patient in the BCMA Medication Log Report and the Medication Administration History (MAH) Report. You can also use the Reports Tab in CPRS to verify that these orders were properly documented. They do *not* appear on the VDL unless they are large-volume IV or non-intermittent syringe type orders that you are administering over a period of time. They will display on the VDL as “Infusing” in the IV Bag Chronology display area.

On the Medication Log, text titled “BCMA/CPRS Interface Entry” displays opposite the order. You can edit these orders using the *Edit Medication Log* [PSB MED LOG EDIT] option in the Character-based User Interface (CHUI) version of BCMA.



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**TIP:**

The Confirmation dialog box that displays, after scanning a message, now includes the patient’s allergies and Adverse Drug Reactions (ADRs).

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### Allergies/ADRs Bar

Provided at the upper portion of the VDL, the Allergies/ADRs Bar alphabetically lists all food, drug, and “other type” Allergies and Adverse Drug Reactions (ADRs) documented for the patient in the Allergy/Adverse Reaction Tracking (ART) package.

**Note:** The Allergies Button will continue to be available on the VDL. It provides the causative agent, drug class, signs/symptoms, and whether the allergy was verified and observed. This button will be grayed out if no allergies or reactions were documented for the patient.



# Read Me First!

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## Discover Benefits of BCMA V. 2.0 (cont.)



### TIP:

In CPRS, you can print a Medication Log Report and an MAH Report using the Reports Tab, or an Administration History Report using the Meds Tab.

## Marking Multiple Medications

As requested, you can now select and mark multiple medications as “Held” or “Refused” on the VDL. This feature is particularly helpful when a patient is temporarily off their ward, or if they refuse to take their medications.

## “Not Given” Status

Now you can change the status of a scanned medication marked as “Given” on the VDL, but *not* actually taken by a patient, to “Not Given” using the Right Click drop-down menu. The administration will display on the VDL as it appeared *before* it was marked as “Given.” BCMA notes the status change only in the Audit Trail section of the Medication Log Report (*not* on the VDL).

## Missing Dose Requests

BCMA V. 2.0 automatically displays an “M” (for “Missing”) in the Status column of the VDL after you submit a Missing Dose Request to the Pharmacy. The Last Action column will also include this status information after you refresh the VDL. This functionality will benefit the Pharmacy by identifying requests that have already been submitted, and by reducing the number of duplicate submissions that they receive on a daily basis.

## Report Printing

You can now print (and yes, still view on your screen) a variety of reports originating from BCMA via the VDL. You can print the reports by Patient or by Ward using the Reports menu or the Buttons on the Tool Bar. When you select a Ward, BCMA lets you choose whether to print your report by Patient or by Room and Bed. BCMA also provides a list of printers available for outputting your reports.

Here’s a few other changes to the report printing functionality in BCMA V. 2.0:

**PRN Effectiveness List:** With BCMA V. 2.0, you can now easily print this list from the Reports menu — and still view it on-screen. In the previous version, you could only print this report from the CHUI version of BCMA. It identifies Pro Re Nata (PRN) or “as needed” medication doses that require Effectiveness comments after they are given.

**MAH Date Range Selection:** Lets you specify the date range (as defined by CPRS) that you want to view or print for the MAH Report. If no parameter is defined in CPRS, the maximum range defaults to a seven-day range, as in the previous version of BCMA.

# Read Me First!

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## Discover Benefits of BCMA V. 2.0 (cont.)

### Viewing Future Orders

Another exciting feature is the ability to view (or print) future active medication orders using the Due List command in the Reports menu on the VDL. You can determine whether to include active Unit Dose and/or IV medication orders on the report, plus Future Orders and related Changes/Addendums. The “Changes/Addendums to Order” section lets you document the order type, drug, special instructions, Start and Stop Date/Time, and the initials of the individual who administered the medication.

### On-Hold Orders

BCMA V. 2.0 will now display, but gray out, orders on the VDL that were placed on “Hold” by a Provider using CPRS, or by the Pharmacy using the Inpatient Medications V. 5.0 package. This same information appears on the MAH Report.

**Note:** On the VDL, you can only change the medication administration status to “Held,” although it is *not* required that you do so.

### BCMA Idle Timeout

BCMA now provides the “BCMA Idle Timeout” site parameter for defining the number of minutes that an idle BCMA session can stay open. Once the allowable time-out has been reached, BCMA will close. If the BCMA session displays a prompt, it will *not* time-out until the prompt is answered. The allowable entry for this parameter is 1 to 1440 minutes/day. The default is 30 minutes.

### View Menu and Related Shortcut Keys

BCMA now provides a View menu that lets keyboard-only users access the Medication Tabs, Allergies Button, and Patient Demographics Button using shortcut keys.

# Using This Manual

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## Assumptions That We Made About You

We admit it. We made several assumptions about you *before* developing this User Manual. This process was necessary to help us keep this manual to a reasonable size, containing only information related to BCMA. For example, we assume that you have the following knowledge or skills:

- Can use and navigate around a PC or a Laptop computer
- Experienced using a keyboard, mouse, touch screen, or touch pen
- Experienced using Windows-based software
- Understand how to open menus and choose commands, close dialog boxes and windows, minimize and maximize windows, and print from a software program
- Understand the medication administration process

## Benefits of This Manual

This User Manual is a valuable resource for learning about this new version of BCMA, particularly if you know how to navigate around it. You can use it now to discover the many features of this system, and later as a reference tool in your daily work.

After acquainting yourself with this chapter, you will be ready to take a quick tour of the BCMA main window and its many features — and learn BCMA “lingo” using the Glossary at the end of this guide. With this knowledge, you will then be ready to use the BCMA VDL for recording and printing patient medication administration information.

# Using This Manual

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## How This Manual is Organized



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**TIP:**

This Manual includes navigational tools such as chapter Table of Contents, and an Index, to help you locate information quickly.

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You will find that this User Manual is divided into two sections: an introductory section and a learning section. We believe that this organization will help you gain the most understanding of BCMA in the shortest time possible.

Each section is divided into chapters, and briefly described below.

**Introductory Section:** Provided at the front portion of this User Manual, includes information that will help you get acquainted and better understand the features and benefits of this new version of BCMA.

**Learning Section:** Provided at the latter half of this User Manual, includes tips and tricks, and task-oriented material in the form of hands-on exercises (steps). This section is a great source of information when you need answers about a particular feature, option, or command. Here are other resources within this guide.

**Glossary:** An alphabetical listing designed to familiarize you with the many acronyms and terms used within this manual and the BCMA software.

**FAQ Section:** This Appendix provides the most Frequently Asked Questions (FAQs) of our Customer Service Team, plus tips for troubleshooting your system when you run into a problem. Check out this section first — *before* contacting Customer Service for assistance.

# Using This Manual

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## Conventions Used in This Manual



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### TIP:

Use this column to jot notes and important information.

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Throughout this manual, you will find a variety of elements designed to help you work more efficiently with BCMA. They include the special conventions listed below.

**Mouse/Stylus Responses:** Buttons provided in **boldface**, within the steps, indicate what you should select on your touch screen with the stylus, or click on your computer screen using the mouse. For example, when you see **NEXT**, **YES/NO**, or **OK** in the steps, click or select the appropriate button on your touch or computer screen.

**Keyboard Responses:** Keys provided in **boldface**, within the steps, help you quickly identify what to press on your keyboard to perform an action. For example, when you see **ENTER** or **TAB** in the steps, press this key on your keyboard.

**User Responses:** Information presented in **boldface**, within steps, indicate what you should “type” (enter) onto your computer screen. For example, “Type the **medication quantity and units** that you are administering to the patient, and then press **ENTER**.”

**Screen Captures:** Provided throughout this manual to show you examples of what you will see on your computer or touch screen after performing a step or an action.

**Notes:** Provided within the steps to describe exceptions or special cases about the information presented. They reflect the experience of our Staff, Developers, and Test Partners.

**Tips:** Located in the left margin, these helpful hints are designed to help you work more efficiently with BCMA.

**Keyboard Only Users:** Includes shortcuts (“hot keys”) for using this version of BCMA with a keyboard, instead of a mouse or a stylus. For example, “Press **ALT+V** to display the View menu, and then press **P** to display the Patient Inquiry dialog box.”

# Using This Manual

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## Windows Terminology Used in This Manual

Use this section to quickly acquaint yourself with the terminology used throughout this User Manual for this Graphical User Interface (GUI) version of BCMA.

### Example: Windows Terminology Used in This Manual

PERFORM THIS ACTION:	TO MAKE THIS OCCUR:
<b>Choose</b>	To pick an item (i.e., a command from a menu) to perform an action.
<b>Click</b>	To perform an action by pressing and releasing the mouse button quickly.
<b>Ctrl+Click</b>	To individually select several medication orders, on the VDL, so you can mark them with the same administration status.
<b>Double-click</b>	To press and release the mouse button twice in quick succession.
<b>Enter</b>	To accept and save changes.
<b>OK</b>	To accept and save changes.
<b>Press</b>	To hold down a key on the keyboard to perform an action.
<b>Right Click</b>	To display the Right Click drop-down menu on the VDL.
<b>Select</b>	To choose an item by clicking or tapping on it.
<b>Shift+Click</b>	To select a range of medication orders, on the VDL, so you can mark them with the same administration status.
<b>Tab</b>	To move from one text box or field to another in a dialog box.
<b>Tap</b>	To perform an action by pressing and releasing the stylus quickly.
<b>Type</b>	To enter information in a text box or a field in a dialog box or the VDL.

# Using This Manual

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## Other Sources of Information



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**TIP:**

Bookmark these sites for future reference.

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Refer to the Web sites listed below when you want to receive more background/technical or training information about BCMA, or to download this manual and related documentation.

### Background/Technical Information

From your Intranet, enter <http://vista.med.va.gov/bcma> in the Address field to access the BCMA Main Web page.

### Training Information

From your Intranet, enter <http://vaww.vistau.med.va.gov/VistaU/BarCode/BarCodeMed.htm> in the Address field to access the National Training and Education Office BCMA Web site (via the **VISTA** University)

### This Manual and Related Documentation

From your Intranet, enter <http://vista.med.va.gov/vdl> in the Address field to access this manual, and those listed below, from the **VISTA** Documentation Library (VDL).

- Nursing CHUI User Manual
- Pharmacy CHUI User Manual
- Manager's User Manual
- Installation Guide
- Technical Manual/Security Guide

# BCMA: In a Nutshell

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## Benefits of BCMA

BCMA software is designed to improve the accuracy of the medication administration process, and to increase the efficiency of the administration documentation process. Consequently, you can expect enhanced patient safety and patient care at your medical center.

### Improved Patient Safety and Patient Care

The greatest measure of improvement can be seen in patient safety and patient care. The Department of Veterans Affairs (VA) also expects to save approximately \$14.5 to \$25.4 million dollars each year by avoiding costs associated with the following:

- Medication errors and waste

- Time spent gathering patient charts, running reports, and manually documenting medications given to patients

**Note:** These figures are documented in the *VHA Office of Information Newsletter*,” Volume 4, Number 6, dated June 2000.

### Improved Communication Among Medical Center Staff

The electronic information that BCMA provides clinicians (i.e., nurses) improves their ability to administer medications safely and effectively to patients on wards during their Med Passes. The results reporting and trending analysis data available from BCMA is currently being used nationally by many Veterans Health Administration (VHA) medical centers. Not only does it improve the accuracy of the medication administration process, but also the daily communication that occurs between Nursing and Pharmacy staffs.

### Commitment to Putting Veterans First

BCMA software is just one more example of the VHA’s commitment to “Putting Veterans First.” In the year 2000, this software earned the BCMA Development Team the “Hammer Award,” a Federal Technology Leadership Award from (then) Vice President Al Gore. During the same year, it was also a finalist in the “USA Today – Rochester Institute of Technology Quality Cup Award” competition.



# BCMA: In a Nutshell

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## Features Unique to BCMA

Here's a summary of the many recording and reporting features that you will find in this version of BCMA.

**Virtual Due List (VDL):** Records medications that need to be administered to a patient within the specific time parameters established by your medical center. These include active Continuous, PRN, On-Call and One-Time medication orders.

**Due List Report:** Provides detailed information about active *and* future Unit Dose and IV medication orders that are “due” for administering to a patient, within a specific timeframe, during a 24-hour period.

**Medication Administration History (MAH) Report:** Lists the patient's Unit Dose and IV medication orders and any actions taken on the order — in a conventional Medication Administration Record (MAR) format — for a specific date range. You can access and use this Log to review your patient's medication needs.

**Medication Log Report:** Displays a detailed history of actions taken on a patient's medication orders.

**Missing Dose Requests:** Automatically “alerts” Pharmacy personnel of a Missing Dose order by printing requests for re-issuing on a designated printer in the Pharmacy. This method minimizes the nurses's workload and disruption to the Pharmacy and Nursing workflow.

**Missed Medications Report:** Includes Continuous and One-Time Unit Dose and IV Piggyback medications that were *not* administered to a patient during a Med Pass, within a specific timeframe, during a 24-hour period. This Report also includes Missing Dose Requests submitted to the Pharmacy.

**PRN Effectiveness List:** Identifies PRN or “as needed” medication doses that require Effectiveness comments after they are given.

**Medication Variance Log:** Logs medications given outside the medication administration window as “Early” or “Late” (depending on the site parameter settings), including the time it was scanned, and the reason it was administered early or late, any comments from the nurse, the PRN Effectiveness, and event totals and percentages.

# BCMA: In a Nutshell

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## What is BCMA?



### TIP:

See the “Administering ...” chapters to learn specifics about the validation processes for Unit Dose and IV medication orders.



### IMPORTANT:

The chances for errors increase when the “scanning” process is circumvented (bar code # or IV bag number entered manually) during the medication administration process.

BCMA software is an innovative, automated system that uses wireless, point-of-care technology with an integrated bar code scanner to record the administration of patient medications.

## Reduces Medication Administration Errors

When used as intended, BCMA can dramatically — and in a matter of minutes — reduce medication administration errors by letting nurses perform the following functions:

- Electronically verify a patient’s identity

- Validate the patient’s medications against their active orders from the Pharmacy

- Record the patient’s medication information once administered

Each time a nurse scans the bar code on an ordered medication, BCMA ensures that a patient receives their medication in the correct dosage, when scheduled, as well as electronically document the medication status.

## Provides a System of “Checks and Balances”

The system of “checks and balances” that BCMA provides, visually reminds nurses when medications need to be administered, and when they need to assess the effectiveness of doses scheduled for administration. No longer must they rely on their short-term memory.

For example, if a nurse attempts to administer a medication outside the scheduled time, BCMA provides a Warning message indicating that this administration is ‘X’ number of minutes from the scheduled administration time. (This time is based on a site parameter determined by your medical center.) The nurse then reviews and documents the medication administration, as “Early” or “Late,” which BCMA then records in the Medication Variance Log.

# BCMA: In a Nutshell

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## What is BCMA? (cont.)

### Augments Nurse's Clinical Judgment

Because BCMA was designed to augment, *not* replace the nurse's clinical judgment, they alone can determine whether (or *not*) to administer the medication to the patient. If they so choose to administer the medication, BCMA requires documentation as to their clinical decision. By displaying only active medication orders, BCMA can altogether eliminate the potential for a nurse to administer a discontinued or expired order to a patient.

And, by replacing the manually created 24-hour Medication Administration Record (MAR) with an on-line MAH Report, nurses now reap the benefits of having more sophisticated audit capabilities. The software is flexible enough that a nurse can even record medications refused by a patient, including the refusal reason; request Missing Doses electronically from the Pharmacy; and record Early or Late medications outside the regular administration window.

# BCMA: In a Nutshell

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## Background Information About BCMA

### Built on Workgroup's Findings

The standard GUI version of BCMA, currently being used nationwide by the VHA, was built based on the results of the BCMA Workgroup's findings. This includes functionality replicated with a Microsoft® Windows-based GUI Client/Server architecture.

This interface was chosen only after the BCMA Workgroup concluded that their users were more familiar with the GUI aspect of computer systems than any other proprietary system — and that Windows-based computer hardware could be used for other purposes. Plus, BCMA was fully compatible with the existing *VISTA* System.

### Provides Immediate Access to Information

Such an automated system, they determined, would enable nurses administering medications to be extremely mobile — without the need to carry heavy, bulky paperwork and patient charts. With their new battery-powered laptop computers and handheld bar code scanners, nurses could quickly and easily move from patient to patient or from ward to ward and electronically complete the medication administration process. (In areas of the medical center that do *not* require nurse mobility, wired networking can be used.)

### Creates a Secure Network Infrastructure

By using a wireless Local Area Network (LAN) technology, the VA could place real-time information into the hands of nurses, thereby decreasing the possibility of medication errors. To achieve this real-time capability, the software required a continuous Ethernet connection to the VA hospital information system database.

Wireless LAN technology creates a network that operates much like a wired Ethernet network, but without the wire. Wireless LAN devices communicate network traffic via radio frequency (RF) transmissions. The personal computers (PCs) connected by wireless LAN technology can communicate using Telnet Communication Protocol/Internet Protocol (TCP/IP) anywhere in the RF coverage area.

# BCMA: In a Nutshell

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## **Background Information About BCMA (cont.)**

These devices avoid interference with other RF devices by using spread spectrum technology. Interference is greatly reduced by spreading the transmissions out over a wide band of frequencies. This technology, combined with data encryption, creates a secure network infrastructure for many applications.

When selecting the wireless LAN System, BCMA planners considered the coverage areas, supported applications, point-of-care devices, infrastructure, and interference with other RF devices in the hospital. A site survey by experienced technical personnel averted problems in these areas before implementing the BCMA application.

### **Patient Safety Comes First . . .**

Today the BCMA Workgroup continues to work closely with the BCMA Development Team to enhance the functionality available to VA nursing staffs — always keeping in mind that “Patient Safety Comes First ... Because Second is Too Late!”

# Getting Help — In a Hurry

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## Offering Superior Customer Service, Technical Support



### TIP:

Use this checklist to help your medical center quickly (and efficiently) resolve problems with this version of BCMA.

The BCMA team takes pride in offering the best in customer service and technical support. Our staff of experienced technical advisers specializes in the critical areas, applications, and systems important to you. These individuals are dedicated, responsive, helpful, and professional — and ready to assist you when you need help.

We realize that your medical center also possesses many individuals qualified to troubleshoot your less complex BCMA problems and issues. We have designed the following checklist with these individuals in mind.

## Your Checklist for Solving Problems

Using this checklist, your medical center can resolve many BCMA problems quickly and efficiently — eliminating the need for our immediate intervention.

**First Solution:** Use the On-line Help System.

**Context-Sensitive Help:** Access context-sensitive, on-line help by highlighting a command in the Menu bar or Right Click drop-down menu, and then pressing **F1**. You can also receive help for a feature, option, or button by placing your “focus” on it (tabbing to the area on the VDL), and then pressing **F1**.

**Help Menu:** Use to receive detailed information about the many features within BCMA. You can search by a keyword or by using the Index.

**Pop-up Windows:** Also called “mouse-overs,” provides less detailed help than mentioned above. Access by placing the pointer over an area of the VDL to display information in a pop-up window.

**Second Solution:** Locate Answers in This User Manual.

Use the “Main Contents,” “Chapter Contents,” “Index,” or “Glossary” within this manual to quickly locate answers to your problems.

Review the “Frequently Asked Questions (FAQs)” Appendix in this manual, which provides answers for questions asked most often by our many users.

# Getting Help — In a Hurry

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## Offering Superior Customer Service, Technical Support (cont.)

### Your Checklist for Solving Problems (cont.)

**Third Solution:** Refer to our other BCMA manuals and the BCMA Web page.

Check out the other manuals that we provide with this software to find solutions. They teach you how to install, manage, and troubleshoot BCMA — even how to use the Nursing and Pharmacy CHUI versions of this software for printing reports.

Locate BCMA manuals and our main BCMA Web page at <http://www.vista.med.va.gov/bcma>.

**Final Destination:** Contact Your BCMA Focus Team.

Contact your BCMA Focus Team about the specific type of problem that you are experiencing with BCMA. This Team is responsible for assisting you initially, then contacting Customer Service for technical assistance should the need arise.

You may be required to document the problem, that you are having, by logging a National On-line Information Sharing (NOIS) ticket.

**Note:** If you have arrived at this “final” step, we apologize that the other solutions in this section were *not* helpful to you and your medical center.

